



JPW

Appl. No. : 10/661,013 Confirmation No. 6798  
Applicant : Nathan N. Strader  
Filed : September 12, 2003  
TC/A.U. : 2863  
Examiner : Walling, Meagan S.  
Docket No. : 03-0939  
Customer No. : 024319

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

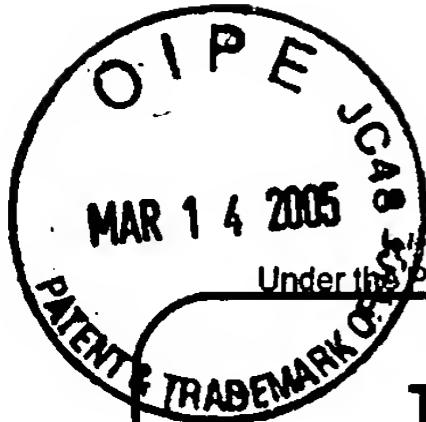
## AMENDMENT

Sir:

In response to the Office Action of December 10, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

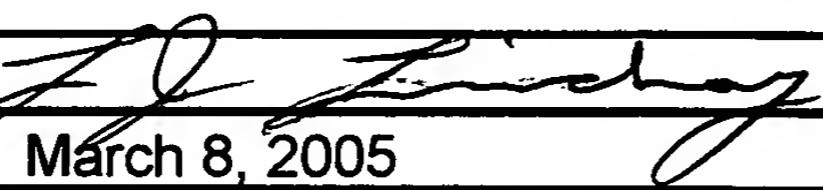
Total Number of Pages in This Submission

Application Number	10/661,013
Filing Date	September 12, 2003
First Named Inventor	Nathan N. Strader
Art Unit	2863
Examiner Name	Walling, Meagan S.
Total Number of Pages in This Submission	12
Attorney Docket Number	03-0939

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	L. Jon Lindsay, Attorney at Law	
Signature		
Date	March 8, 2005	

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	L. Jon Lindsay	
Signature		Date
	March 8, 2005	

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